

# **NEW JERSEY MOTOR VEHICLE COMMISSION**

Trenton, New Jersey 08666

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**STATE OF NEW JERSEY  
P.O. Box 171  
Dealer Section**

Diane Legreide  
Chief Administrator

Enclosed is an application and supplemental forms necessary to apply for a Motor Vehicle Junkyard license.

In order to qualify for licensure, the facility must be adjacent to a major street/highway, you have been issued a Used Motor Vehicle Dealer license and an exterior sign must be displayed which reflects the business name. In addition, we also require a certificate of insurance that reflects liability insurance coverage in the minimum amounts of \$15,000/\$30,000 bodily injury and \$5,000 property damage and a \$150.00 licensing fee.

If you have any questions, please call (609) 292-4517

Sincerely

Business License Services

**BLC-2 (R12/03)**

*New Jersey is an Equal Opportunity Employer*

**APPLICATION FOR LICENSE****FOR OFFICE USE ONLY**

License No. \_\_\_\_\_

Date \_\_\_\_\_

Reg. No. \_\_\_\_\_

Approved by \_\_\_\_\_

The undersigned hereby applies for the license(s) checked in Part 3 and submits the following certified statement:

Corp Code \_\_\_\_\_

1. \_\_\_\_\_

Name Of Business (if corporation, corporate name)

Business phone \_\_\_\_\_

2. Please Check:

☐ Corporation ☐ Partnership ☐ Proprietorship☐ Other \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_

Zip Code \_\_\_\_\_

County \_\_\_\_\_

All applicants please provide the following information and attach copies of proof thereof:

A. NJ Sales Tax Identification Number \_\_\_\_\_

B. NJ Unemployment Registration Number \_\_\_\_\_

C. Federal Employer Identification Number \_\_\_\_\_

3. Please Check appropriate Box for License:

☐ Leasing Company☐ Driving School☐ Moped Dealer☐ Junkyard☐ Private Inspection Facility☐ Fleet DEIC☐ New & Used Motor Vehicle Dealer☐ Auto Body Repair Facility☐ Used Motor Vehicle Dealer☐ Fleet Inspection Facility☐ DEIC

4. Complete the following for proprietor, partners, or corporate officers:

Name

Title

☐ Other \_\_\_\_\_

Home Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

5. Have the owners, partners, or officers ever been arrested, charged or convicted of a criminal or disorderly persons offense in this or any other state?

☐ Yes if yes, explain:☐ No

6. Do you knowingly intend to employ a person who has been convicted of the above, or any other crime or who was previously licensed as any of the above in this or any other state and was subject to license suspension or revocation?

☐ Yes \_\_\_\_\_☐ No Give name and address of person \_\_\_\_\_

7. Have the owners, partners or corporate officers ever held any of the above licenses?

☐ Yes☐ No If yes, please explain the type of license and license numbers \_\_\_\_\_

8. Was the license ever suspended or revoked?
- If yes, explain:
- ☐ Yes
- ☐ No
9. Have the owners, partners or corporate officers, agents or employees of your organization ever used an alias or been known by any other name
- If yes, explain:
- ☐ Yes
- ☐ No
10. Does any stockholder own more than 10% of the corporation's stock?
- If yes, give name, address and holding
- ☐ Yes
- ☐ No

11. \_\_\_\_\_

Place of Incorporation

\_\_\_\_\_

Date of Incorporation

\_\_\_\_\_

Date of authorization to do business in New Jersey

Attach copy of the Certificate of Incorporation which has been filed with the N.J. Secretary of State. Foreign Corporations must submit a copy of their Authorization to do business in New Jersey as a Foreign Corporation in addition to a copy of their corporate papers.

12. The applicant certifies all information contained herein is true and agrees any untruthful representation and any violation of the applicable statutes and regulations promulgated by the Commission shall be reasonable and proper grounds for license suspension or revocation. He further agrees to notify the Commission immediately of any change in the status of the business or of any other information which would change the answers and statements in this application or supplement thereto.

13. The individual(s) signing this application certify that they have read the applicable statutes and are thoroughly familiar with the details and penalties provided.

I, the undersigned, hereby certify that I am \_\_\_\_\_ of the above business \_\_\_\_\_

Owner, Partner, Officer

and that the information I have submitted is true to the best of my knowledge.

\_\_\_\_\_  
Signature and Title of Applicant

I, the undersigned, hereby certify that I am Secretary of the above Corporation and have witnessed the signature of \_\_\_\_\_

who is \_\_\_\_\_ of said corporation.

President, Vice-President

\_\_\_\_\_  
Signature of Secretary

**APPROVAL CERTIFICATE**

I, \_\_\_\_\_ Clerk of the Municipality of \_\_\_\_\_ County of \_\_\_\_\_

(Print Name)

State of New Jersey, hereby certify that the business checked below is an approved use or that the Municipal Governing Body or Zoning Commission has approved the location, establishment and maintenance of the

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|--|--|--|
| <input type="checkbox"/> Leasing Company             | <input type="checkbox"/> Fleet DEIC                      | <input type="checkbox"/> Used Motor Vehicle Dealer |
| <input type="checkbox"/> Driving School              | <input type="checkbox"/> New & Used Motor Vehicle Dealer | <input type="checkbox"/> Fleet Inspection Facility |
| <input type="checkbox"/> Moped Dealer                | <input type="checkbox"/> Auto Body Repair Facility       | <input type="checkbox"/> DEIC                      |
| <input type="checkbox"/> Junkyard                    | <input type="checkbox"/> Other _____                     |  |
| <input type="checkbox"/> Private Inspection Facility |  |  |

, located at \_\_\_\_\_

Complete Address

\_\_\_\_\_  
Signature of Municipal or Zoning Board Clerk

\_\_\_\_\_  
Date

**BUSINESS LICENSE SERVICES**  
**SUPPLEMENTARY APPLICATION**

BUSINESS NAME			BUSINESS PHONE #		
1. FULL NAME INCLUDING MIDDLE NAME AND SUFFIX, IF ANY					
2. STREET ADDRESS		CITY		STATE	
3. HOW LONG HAVE YOU LIVED AT THE ABOVE ADDRESS?				HOME PHONE #	
4. LIST THE CITIES, STATES OR FOREIGN COUNTRIES WHERE YOU LIVED BEFORE AND HOW LONG YOU WERE IN EACH STATE OR COUNTRY.					
5. DATE OF BIRTH (MO. DAY, YEAR)			6. PLACE OF BIRTH: (CITY, STATE OR FOREIGN COUNTRY)		
7. SEX	8. HEIGHT		9. WEIGHT		10. COLOR OF EYES
11. SOCIAL SECURITY NUMBER		12. DRIVER LICENSE NUMBER (STATE)			
13. HAVE YOU, IN THIS OR ANY OTHER STATE OR COUNTRY EVER BEEN ARRESTED, CHARGED OR CONVICTED OF A CRIME, DISORDERLY PERSONS OFFENSE, VIOLATION OF CONSUMER PROTECTION LAWS OR REGULATIONS?    YES    NO  IF YES, ATTACH EXPLANATION DESCRIBING NATURE OF OFFENSE, DATE, CITY AND STATE WHERE OFFENSE OCCURRED, IDENTIFY COURT OR ADMINISTRATIVE TRIBUNAL BEFORE THE CASE WAS TRIED, DATE AND SENTENCE.					
14. I CERTIFY THAT THE INFORMATION PROVIDED HEREIN AND ATTACHMENTS, IF ANY, IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.  SIGNATURE: _____ DATE _____					
1. FULL NAME INCLUDING MIDDLE NAME AND SUFFIX. IF ANY					
2. STREET ADDRESS		CITY		STATE	
3. HOW LONG HAVE YOU LIVED AT THE ABOVE ADDRESS?				HOME PHONE #	
4. LIST THE CITIES, STATES OR FOREIGN COUNTRIES WHERE YOU LIVED BEFORE AND HOW LONG YOU WERE IN EACH STATE OR COUNTRY.					
5. DATE OF BIRTH (MO. DAY, YEAR)			6. PLACE OF BIRTH: (CITY, STATE OR FOREIGN COUNTRY)		
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STATE OF NEW JERSEY  
Motor Vehicle Commission  
Business License Services

**CHILD SUPPORT CERTIFICATION FORM**

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Business Name

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Applicant's Name (Print)

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Date of Birth

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Social Security Number

Under the provisions of N.J.S.A. 2A:17-56.7 et seq. the response to the below listed questions are required. Mis-statement will be just cause to take administrative action including, but not limited to, denial of licensure, immediate revocation or suspension of the license.

1. Do you have a child support obligation? ☐ Yes ☐ No
2. If yes, do the arrearage amounts equal or exceed the amount of child support payable for six months? ☐ Yes ☐ No
3. Are you subject to a child-support warrant? ☐ Yes ☐ No

I certify that the foregoing responses made by me are true and I am aware that the making of false statement may subject me to contempt of court.

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Signature

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Date